


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90013 030 ****61.25

DOCUMENT # 723465

1. Entity Name
CRESTHAVEN VILLAS NO. 25 CONDOMINIUM, INC.



Principal Place of Business
**2567 DUDLEY DR W
 VILLA A
 WEST PALM BCH, FL 33415 US**

Mailing Address
**2567 DUDLEY DR W
 VILLA A
 WEST PALM BCH, FL 33415 US**

24027721



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03102004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2488395

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~ANTILLO, NICHOLAS~~
~~2520 DUDLEY DR E APT-C~~
~~WEST PALM BEACH, FL 33415~~

7. Name and Address of New Registered Agent

Name **SAM Bruccaleri**

Street Address (P.O. Box Number is Not Acceptable)
2511 Dudley Dr. W. unit B

City **W.P.B** FL Zip Code **33415**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sam Bruccaleri*

(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D/D	<input type="checkbox"/> Delete
NAME	SANTANGELO, BEATRICE	
STREET ADDRESS	2508 DUDLEY DR E VILLA E	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	JEAN A DUBY	
STREET ADDRESS	2567 DUDLEY DR W, VILLA A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	SHEA, MARY ELLEN	
STREET ADDRESS	2508 DUDLEY DRIVE EAST VILLA B	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ANTILLO, NICHOLAS	
STREET ADDRESS	2520 DUDLEY DR E APT C	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELMA OPPENHEIM	
STREET ADDRESS	2580 DUDLEY DR E, VILLA F	
CITY-ST-ZIP	W PALM BCH FL, 33415	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROLAND, ANNIE	
STREET ADDRESS	2532 DUDLEY DR E APT C	
CITY-ST-ZIP	LAKE WORTH, FL 33465	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SAM Bruccaleri	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2511 Dudley Dr. W. unit B	
STREET ADDRESS	W.P.B., FL 33415 (P)	
CITY-ST-ZIP		
TITLE	Josephine Byrnes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2520 Dudley Dr. E. unit H (T)	
STREET ADDRESS	W.P.B., FL 33415	
CITY-ST-ZIP		
TITLE	Kathleen Haney	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2532 Dudley Dr. E. unit H (D)	
STREET ADDRESS	W.P.B., FL 33415	
CITY-ST-ZIP		
TITLE	Florence Kern	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2546 Dudley Dr. E. unit F (D)	
STREET ADDRESS	W.P.B., FL 33415	
CITY-ST-ZIP		
TITLE	Pierre Faucher	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2520 Dudley Dr. E. unit L (D)	
STREET ADDRESS	W.P.B., FL 33415	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Sam Bruccaleri*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____